

**CRITERIA FOR PRIOR AUTHORIZATION**

Herceptin® (trastuzumab)

**PROVIDER GROUP** Pharmacy  
Professional

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Trastuzumab (Herceptin)

**CRITERIA FOR METASTATIC GASTRIC CANCER** Must meet all of the following:

- Patient must have a diagnosis of HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma
- Patient must have not received prior treatment for metastatic disease
- Patient must be receiving trastuzumab in combination with cisplatin and either capecitabine or 5-fluorouracil
- Patient must be 18 years of age or older
- Patient must not be pregnant

**CRITERIA FOR ADJUVANT BREAST CANCER** Must meet all of the following:

- Patient must have a diagnosis of HER2 overexpressing breast cancer
- Patient must have one of the following:
  - Node-positive disease
  - Node-negative disease and one of the following:
    - ER/PR-negative
    - Tumor size >2cm
    - Age < 35 years of age
    - Histological and/or nuclear Grade 2 or 3
- Patient must be receiving one of the following regimens:
  - Trastuzumab in combination with doxorubicin, cyclophosphamide, and either paclitaxel or docetaxel
  - Trastuzumab in combination with docetaxel and carboplatin
  - Trastuzumab as a single agent following multi-modality anthracycline based therapy
- Patient must be 18 years of age or older
- Patient must not be pregnant
- Patient must not be receiving trastuzumab for more than 12 months

PA Criteria

**CRITERIA FOR METASTATIC BREAST CANCER** Must meet all of the following:

- Patient must have a diagnosis of HER2 overexpressing metastatic breast cancer
- Must be used in combination with paclitaxel in patients who have not received prior treatment for metastatic disease
- May be used as a single agent in patients who have received one or more chemotherapy regimens for metastatic disease
- Patient must be 18 years of age or older
- Patient must not be pregnant

**LENGTH OF APPROVAL:** 12 months